



COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF MINES, MINERALS AND ENERGY  
DIVISION OF MINES  
PO DRAWER 900 • BIG STONE GAP, VIRGINIA 24219

## INUNDATION INVESTIGATION

Company Name:			Mine Name or Number:		Report Date:	Mine Index Number:
Address:			Location:			MSHA ID Number:
City:	State:	ZIP:	County:	Office Phone Number:		Mine Phone Number:
Person with Overall Responsibility:				Person in Charge of Health and Safety:		
Investigated:						

Notified By \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Inundation Number \_\_\_\_\_ Date of Inundation \_\_\_\_\_ Time of Inundation \_\_\_\_\_

Location of Inundation:

Area Affected by Inundation:

Type of Inundation ☐ Water ☐ Gas ☐ Oxygen Deficiency ☐ other, specify \_\_\_\_\_

Foreman in Charge \_\_\_\_\_ Certification number \_\_\_\_\_

Were equipment damages or personal injury involved? \_\_\_\_\_ If yes, explain:

Were boreholes being drilled? \_\_\_\_\_

Equipment involved \_\_\_\_\_

Employee(s) involved \_\_\_\_\_

Mining height \_\_\_\_\_ Mining Width \_\_\_\_\_

Air Quality Test Results Oxygen \_\_\_\_\_ % Carbon Dioxide \_\_\_\_\_ ppm

Methane \_\_\_\_\_ % Other \_\_\_\_\_ %

Mine Map Date \_\_\_\_\_ Up to Date \_\_\_\_\_ Accurate \_\_\_\_\_

Mining Engineer \_\_\_\_\_ Engineer Certification Number \_\_\_\_\_

Airflow direction at inundation site \_\_\_\_\_

Will the area be sealed or ventilated? \_\_\_\_\_ Describe.

Describe conditions found during investigation relevant to the inundation scene:

Recommendations:

Action taken:

\_\_\_\_\_, Inspector / Specialist